

LACTATION SUPPORT PROGRAM

UC DAVIS WORKLIFE NEWSLETTER



NEWS AND BITS

TO HELP YOU SUCCEED...

- PLEASE DO NOT SHARE KEYPAD CODES WITH UNREGISTERED PERSONS—THIS IS TO ENSURE AGAINST INAPPROPRIATE USE OF THE ROOMS.
- [USE THIS LINK](#) TO GET A COPY OF THE MOST UP-TO-DATE SITE LIST AND GOOGLE MAP.
- HUTCHISON CHILD DEVELOPMENT CENTER IS NOW ENROLLING INFANTS! SCHEDULE A VIRTUAL VISIT: 530-752-3455
HUTCHISON@BRIGHTHORIZONS.COM
BRIGHTHORIZONS.COM/HUTCHISON
- MARK YOUR CALENDARS FOR OUR ANNUAL HUMAN MILK DRIVE IN SUPPORT OF THE SAN JOSE CALIFORNIA MOTHER'S MILK BANK. THIS YEAR'S DRIVE WILL BE VIRTUAL AND WILL TARGET AWARENESS AROUND [WORLD PREMATURITY DAY](#), NOVEMBER 17
- REFER TO THE LAST PAGE OF THIS NEWSLETTER TO REVIEW ROOM ETIQUETTE

UPCOMING VIRTUAL EVENTS

MONTHLY SUPPORT GROUPS
12:00-1:00 PM, NOV 13, DEC 11,
JAN 15,
TO ATTEND, EMAIL
SAGERMAN@UCDAVIS.EDU

PREPARING FOR BREASTFEEDING
NOV 12 [RSVP](#), DEC 3 [RSVP](#) JAN 21
[RSVP](#)

CONTINUING/RETURNING TO
WORK/SCHOOL
OCT 22 [RSVP](#), NOV 5 [RSVP](#), DEC 10
[RSVP](#), JAN 14 [RSVP](#)

FEEDING TRANSITIONS
NOV 19 [RSVP](#), DEC 17 [RSVP](#)

UC Davis Lactation Support Program Awarded for Excellence in Lactation Care

The UC Davis Lactation Support Program received the 2020 [IBCLC Care Award](#) and was recently recognized by the International Board of Lactation Consultant Examiners for excellence in lactation care. This the fourth time the UC Davis-based Community program has received this biennial honor. We extend our appreciation to Shirley for once again attaining this award for our program.

Norma Escobar, IBCLC Chair of the Board of IBLCE, recently stated, “Agencies that are awarded the IBCLC Care Award have dedicated their efforts to promote and provide a lactation program that makes expert assistance available when the breastfeeding family needs it. This is achieved through encouraging and informing breastfeeding families about the benefits and management of breastfeeding as well as training health care professionals to assist families achieve their breastfeeding goals.”



RESOURCES

TO HELP YOU SUCCEED...

- [EMPLOYERS HELPING PARENTS THROUGH COVID IS *NOT* UNFAIR](#) MINDFUL RETURN
- SEPTEMBER 2020 [PACIFY BREASTFEEDING DURING COVID STUDY](#): LOOMING MATERNAL AND INFANT HEALTH CRISIS STUDY FINDS COVID-19 RISK TO VACCINATION AND BREASTFEEDING RATES COULD TRIGGER HUGE JUMP IN MEDICAL SPENDING AND MATERNAL MORTALITY.
- SOUNDS TRUE PODCAST, DIANA SPALDING: [LET'S NURTURE MOMS AND BIRTH A NEW CULTURE](#)
- UC DAVIS HEALTH "KIDS CONSIDERED" [TWO PEDS IN A POD BLOG](#)

"There's no place like home"

UC Davis Lactation Support Program Focus Group Findings

On March 16, 2020, UC Davis, following the California statewide order to address COVID-19, put into place their own related health and safety protocol for all non-essential employees to "Shelter-in-Place".

After five months under this policy, several members from the UC Davis Lactation Support Program were invited to meet in a series of focus groups. The purpose of the groups was to collect and discuss their views and experiences regarding the impact of this UC Davis policy and the global pandemic, on their careers, families, health, and breastfeeding experiences while sheltering at home.

Aside from sharing how their support systems have changed and challenged them in isolation from family and friends; from working remotely; and, from managing childcare and healthcare virtually; what they concluded was, that there have been a number of unexpected favorable outcomes, also, especially with respect to breastfeeding:

- Exclusivity and duration of breastfeeding have increased;
- Work expectations have continued to be met despite balancing exceptional childcare challenges; and,
- Complications associated with breastfeeding have reduced.

How has your work environment changed since March?

Sixty percent of the focus group participants have returned to their campus workplace, but part-time (i.e., a few hours a day, 1-2 days a week, long enough to check on study animals). Those that have returned find it to be a more efficient use of office space and worker time (staggered schedules resulting in less people sharing similar spaces; people spending less time in that space; and, people being more effective with their time) than previously. This has been especially appreciated by new parents.



Families with two persons now working from home, have found it a challenge to establish and equip two private, individual office spaces plus monitor a child or children all while putting an added strain on their overworked, household resources especially the internet. Despite these challenges, there is an administrative confidence and affirmation from managers that employees continue to maintain their efficacy in meeting work standards of time and work completed.

In general, UC Davis supervisors and managers are regarded to be flexible, communicative, and supportive in meeting the basic needs of their employees now working remotely. For some employees, there was an initial frustration with the indecisiveness of whether/when their specific office would reopen leading to increased personal stress levels and complicated plans for organizing long-term childcare. A sense of greater certainty and a structured plan in place has been recognized to be helpful.

The consistent level of professionalism still expected from a working mum, can be very different to the working styles of a non-breastfeeding spouse with respect to attire in particular. With a breastfeeding baby, it can be challenging to spend the day in professional clothing. What is the (new) professional etiquette of interweaving work and home? Could it be considered appropriate to mute one's audio and turn off video during a meeting so that one can breastfeed?

"There's no place like home" continued...

How has your support system changed at home?

Research indicates that social support is a major buffer to (especially) postpartum depression. Women identify immediate family members, particularly partners and mothers, as well as friends and extended family members as their principal sources of instrumental and emotional support.

Under these unprecedented circumstances, and with added risks for persons over 65 years of age, most extended family members (especially grandparents) have been distancing themselves from in-person activities. Locally and around the world, families are visiting virtually and/or less frequently, than previously, under socially acceptable distances.

Visitations that may be considered by families living within driving distance, require a challenging, judicious isolation period upon arrival and strict, safety practices before interacting. Families living apart internationally, where time differences can make virtual visitations difficult to conduct, may rely on taped video clips and technologies that can be new and/or difficult for some family members to learn and master. This reduces further one's ability to socialize in real time.

More often than not, the present circumstances of social distancing has resulted in isolated families that have not yet had the opportunity to hold or even meet new family members; and, the instrumental support that mothers have come to anticipate and look forward to, following childbirth, is absent.

How has your support system changed regarding childcare?

Over all other related concerns (health, breastfeeding, distance from family and friends) childcare was perceived to be the most difficult challenge for families resulting from the pandemic and Shelter-in-Place policy.

Eighty percent of participants expressed concern to send their children to a group childcare facility at this time, including those that were already using these facilities prior to the policy in place.

While it is recognized that childcare facilities are dedicated to providing a safe, healthy environment, some families don't wish to take the possible risk and many families are struggling to justify the cost.

Families have instead, channeled their creativity to provide safe, educational childcare within their home. They may "tag team" with spouses or partners using maternal/paternal leave trade-offs; have parents that have moved into the family home or follow similar isolation practices in their homes nearby; and/or hired a nanny that may possibly be shared with one other dependable family. Even older siblings have been found to be entertained and distracted by family pets who in general have been beneficial to the entire household.

Unfortunately, not all of our affiliate families have as many support options. International families in particular struggle with managing childcare.

How has your support system changed regarding Healthcare?

The lack of support to help with basic instrumental needs and the concern isolation may be having on children's social development in particular is contributing to a range of depressive symptoms within families, especially with mothers. Some mothers admitted that much of their stress might be evident even without a Shelter-in-Place policy; reflecting upon what it means to them to be a working mum vs to be an at home mum. And, several now feel more empowered to (re)consider their decisions and to approach their managers regarding workplace options.

A majority of the focus group families have now adapted to their tighter circle of mobility and accept that this present isolation is temporary. They are working to combat depression by focusing on gratitude, walking, spending more immediate family time together, and taking everything a little more slowly. Air pods have helped not only with sharing office spaces but have provided privacy and personal isolation for some much-needed alone time; time that several participants expressed they feel selfish for taking.

"There's no place like home" continued...

Virtual baby groups have multiplied via Facebook and other social media sources are helping to support (new) parents in isolation from family and friends. The prompt response to present ongoing reliable information regarding pregnancy, breastfeeding and COVID-19, and, the remote services as provided by the Lactation Support Program were mentioned to be especially appreciated. Some mothers are continuing or have started regular, socially distanced activities with longstanding reliable friends.

Only one mother from the focus groups gave birth during the five months the policy had been in place. She felt her experience was not unusually stressful; as this was her second child, she was comfortable with what to expect during labor and delivery.

Several families did specify they were apprehensive to take their children for well child check-ups, initially. Now, however, they feel less anxious regarding any possible risk of exposure within a clinical setting and some expressed they had greater concerns about going into their office or a grocery store where they have experienced greater numbers of people following recommended guidelines less strictly.

How has your breastfeeding journey been affected or changed by these occurrences related to the pandemic?

Stress is widely recognized as being associated with negatively affecting milk volume and may even lead to early weaning. Breastfeeding is positively associated with helping to lower cortisol, our primary stress hormone.

Initially, a significant number of mothers were requesting personal consults with the Lactation Support Program, especially in regard to their decreasing milk supplies. With the announcement of the global pandemic, the possible increased risk COVID-19 might pose for pregnant women, and, the question of the appropriateness of breastfeeding during this health emergency, mothers were, unsurprisingly, stressed.

Check out this Podcast: [The importance of being a good caregiver.](#)

As mothers spend more time at home, they are recognizing that longer time with their babies has resulted in a number of unexpected benefits regarding their breastfeeding journey.

Eighty percent of the focus group participants feel they are or will be breastfeeding for longer than they had anticipated. One hundred percent of mothers are confident that they will reach or exceed their personal breastfeeding goals without struggling to attain them, as they had anticipated. This includes one mother with a history of complimenting breastfeeding sessions with formula. She now finds she is using less formula since she is at home with her baby and able to breastfeed more often.

Without a doubt, participants that are working remotely, are enjoying the break from having to pump as often throughout their day!

- Not needing to deal with the mechanics of several pumping sessions each day, allows mothers to get more accomplished;
- Some participants expressed having a bad "relationship" with their breast pump. They found their milk flow and volume did not respond as well as having their baby feeding directly at breast. There was no room for error; the volume they pumped needed to match their baby's needs, just right. This created ongoing stress and a vicious cycle of challenges to their milk supply;
- Still others felt "attached" to their breast pump while in the workplace and were more concerned about their schedule of pumping; how many ounces they were bringing home; and if the volume was sufficient for their baby's needs.

"There's no place like home" continued...

In addition to having a stronger milk supply, second-time breastfeeding mothers in particular admitted that being at home has made breastfeeding easier. Challenges related to ineffective milk expression (i.e., clogged ducts, engorgement, infections) that historically led to pain or even trauma, are less evident or even non-existent this time. They feel that being at home and spending more time with their baby allows them to address breastfeeding challenges before they result in disease.

Conclusions:

There is no avoiding it, the COVID-19 pandemic is disrupting every part of routine life, globally. With so many people sequestered within their homes, families are coping with juggling careers; childcare; when and how to seek safe healthcare, all while distanced from their typical instrumental support systems and often while learning how to establish or maintain breastfeeding.

What the Lactation Support Program concluded from the focus group discussions with their membership, was that some of these routine life disruptions have had unexpected favorable outcomes, especially with respect to many aspects of breastfeeding; that spending a longer time at home with their babies has provided mothers the confidence to be more proactive regarding their decisions of work and home; and, that they feel empowered to approach managers regarding options for flexibility in their work schedules, including once the UC Davis policy is lifted.



Commentary:

If mothers are continuing to accomplish their work in an efficient time while home with their babies;

If mothers are breastfeeding more exclusively and for longer duration with lower breast and nipple morbidity;

Then might we consider a collective change regarding present (national) maternity leaves?

Then might mothers be more successful in reaching recommended healthy breastfeeding guidelines?

We will be more resilient when we come out of this pandemic.

We will get there intact.

"Resilient"-- able to withstand or recover quickly from difficult conditions.

Thank you to Shirley German and Julie Zech for reaching out to our breastfeeding parents to receive their thoughts. Thank you Shirley for sharing this fantastic summary.

Lactation Room Etiquette

To ensure the security of our lactation rooms, there is no published list of rooms. We request instead that anyone wishing to use our assigned sites register with the Lactation Support Program (LSP). To register, please go to: <https://hr.ucdavis.edu/departments/worklife-wellness/breastfeeding>

- Lactation rooms should be used only for the purpose of expressing, storing and collecting breast milk. Please limit the use of these spaces to these activities. Twenty minutes is considered a reasonable time to use the room.
- The LSP provides a hospital-grade pump for your convenience and efficiency in collecting your milk. If you use the pump provided, you are responsible for obtaining the appropriate collection kit as used by the campus on which you are located. You can find more information about this on our website.
- You are welcome to bring your own pump to use in the lactation rooms. If you do so, please remember to plug in the room pump again when you finish.
- For health and safety reasons, refrigerators are not provided by the LSP. If there is a fridge in the room, it has been provided by one of the departments in the building and is the responsibility of that department to maintain and to secure your milk. *We do not recommend leaving milk unsecured. Additionally, small, general-use (not commercial-grade) refrigerators are not able to maintain a safe temperature for human milk.*
- Always knock prior to entering any lactation site. Sometimes, the signage left on the door is inaccurate; users may have forgotten to place the available “occupied” sign on the door, or, leave it accidentally listed as “occupied” in their rush to return to work. If no one answers upon your knock, confirm with a verbal check and then feel free to enter. If you are the user within the lactation room and do not respond to the knock or verbal check, please expect to be interrupted.
- In single occupancy rooms, if you receive a verbal response to a knock or a verbal check, you may wish to converse with the occupant to determine a reasonable time estimate that they will need to finish. Twenty minutes is considered a reasonable time to need the room to express milk and clean up.
- Many of our lactation sites can be heavily impacted when several mothers from the same or overlapping departments are returning to work. The LSP does not have the resources to schedule and monitor the use of the rooms on a daily basis. Be aware of alternative spaces and visit them prior to returning to work to establish their use impact and/or how to get there. Talk with your supervisor or manager about alternative arrangements, as they are ultimately responsible for providing the space needed for your milk expression needs.
- One can arrange with one’s pump companions to make the most efficient and equitable use of the space provided by communicating and meeting with each other, in person or virtually. Some ideas that mothers have arranged – a notepad or white board in the room to leave messages, an app-based schedule, time-in/out sheet, etc. At all times, one should consider that these rooms are also to be available for our transient population (i.e., students who find themselves in that region of campus for a quarter, affiliated visitors to the campus, etc.).

Multiple User Rooms: If you are the first to enter a multiple user room, consider using the pump/station furthest from the door. You may want to bring a small blanket or cover-up if you desire privacy when doors are opened. Following the guidelines as listed above regarding appropriate etiquette upon arrival at a lactation site, it would be helpful to verbally identify if there is another station available, or, that all stations are in use. If using audio, please use earbuds or headphones as